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Substitute for form 1449/PTO					Complete if Known
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STATEMENT BY APPLICANT				First Named Inventor	Jonni AHLGREN
				Art Unit	NHA 4151
(Use as many sheets as necessary)				Examiner Name	Not Yot Accigned Jacob T Minskey
Sheet	1	of	1	Attorney Docket Number	0696-0224PUS1

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> ( If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>6</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevent Pessagas Or Relevant Figures Appear	
/J.M.		CN-1284103-A	02-14-2001			ABS
/J.M./	BB	CA 2 316 281-A1	07-15-1999			ABS

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